



IDAHO STATE BOARD OF ACCOUNTANCY
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Boise ID 83720-0002
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IDAHO STATE BOARD OF ACCOUNTANCY - AFFIDAVIT FOR CHANGE OF NAME

- 1) Complete this form,
- 2) Include legal documentation of the name change,
- 3) Have this form notarized,
- 4) Return the form to the Board office.
- 5) Records will not be changed without legal documentation and a notarized statement.

STATE OF _____) COUNTY OF _____)

(Present name-print or type)

(Social Security Number)

States that on the _____ day of _____, 20____, his/her name was changed for the reason indicated.

_____ Marriage to _____

_____ Divorce from _____

_____ Other (Please explain) _____

and that prior to the change, his/her name was _____ and that he/she is the person who:
(Prior Name – Print or Type)

(Check One)

_____ is licensed as a CPA or LPA (circle one) in Idaho with license number _____.
(If currently licensed, you must return your current wallet card. A replacement will be issued)

_____ has made application for licensure as a Certified Public Accountant in Idaho.

_____ has made application to sit for the Uniform CPA Examination.

Signature

Address

City, State, Zip

Phone

E-Mail

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public _____

Residing _____ County

My commission expires _____

Revised 12/05